RECEIVED **CENTRAL FAX CENTER**

PATENT MAINTE MAKE

APR 0 7 2006

Attorney Docket No.: 101137-70

2006 APR 10 PM 4: 13

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

US PATENT & TRADEMARK OFFICE

APPLICANT(S):

Christiaan Daniel DEN HENGST et al.

SERIAL NO.

10/562,601

FILED

December 28, 2005

FOR

Methods and Means for Regulating Gene Expression

ART UNIT

To Be Assigned

EXAMINER

To Be Assigned

April 6, 2006

Commissioner for Patents Refund Section, Accounting Division Office of Finance P.O. Box 1450 Arlington, VA 22313-1450

REQUEST FOR REFUND

1. REFUND REQUEST

This is a request for a refund, with respect to charges to Deposit Account No. 14-1263, shown on the statement for January 2006, for the above identified patent application. A copy of the monthly statement, in which the error referred to occurs, accompanies this request.

II. FEES CHARGED FOR WHICH REFUND REQUESTED

Refund Requested

Filing fees
(Basic national fee, examination fee, search fee
(International Search Report was provided)
Surcharge for filing the basic filing fee on a date

- later than the filing fee of the application (37 CFR § 1.16(e)) and/or
- ☐ Surcharge for filing the oath or declaration on a date later than the filing date of the application (37.CFR § 1.16(e))
- ☐ Extension of the term for first month

PAGE 1/11 * RCVD AT 4/7/2006 8:46:33 AM [Eastern Daylight Time] * SVR:USPTO-EFXRF-1/14 * DNIS:2738300 * CSID:2128080844 * DURATION (mm-ss):02-42

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☑ Excess Claims☐ Issue Fee

☐ Petition Fee

☐ Other

III. EXPLANATION OF WHY CONTESTED CHARGE IS IN ERROR

The transmittal letter contains an erroneous counting of claims. The correct number is 8 excess independent claims and 31 excess total claims. This Request for Refund seeks a refund of the overpayment. The excess overpaid charges equal \$2,200.

IV. MANNER OF REFUND

Please make refund by crediting \$2,200 to Deposit Account No. 14-1263.

Respectfully submitted

Bruce S. Londa Reg. No. 33,531

Norris McLaughlin & Marcus, PA 875 Third Avenue, 18th Floor New York, N.Y. 10022 Telephone: (212) 808-0700

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being deposited via facsimile to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date indicated below:

Date: 417106

By: _

Pina Manor

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Supplemental Application Data Sheet

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Page 1 of 6

Application Information

APR 0 7 2006

Applicant Type

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Regular Utility

Subject Matter

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Suggested Classification

Suggested Group Art Unit

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CD-ROM or CD-R?

None

Title

METHODS AND MEANS FOR REGULATING

GENE EXPRESSION

Attorney Docket Number

101137-70

Request for Early Publication?

No

Request for Non-Publication?

No

Suggested Drawing Sheets

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Total Drawing Sheets

14 No

Small Entity

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Secrecy Order in Parent Appl.? ::

No

First Inventor Information

Inventor Authority type

Inventor

Primary Citizenship Country

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